

**HFS 12 NEGATIVE ACTION NOTICE**

**Use of form:** Use of this form is voluntary. However, the information requested on this form must be provided pursuant to s. 48.651(2m), Wis. Stats., and HFS 12.09, Wis. Adm. Code. Information collected on this form will be entered into the Department of Health and Family Services' Children's License Denial database which lists individuals whose application for a license, certification or adoption is denied or whose license / certification is revoked or not renewed (negative actions) for reasons specified in the list of offenses affecting caregiver eligibility, HFS 12, Adm. Code, Appendix A. Personally identifiable information including the social security number is confidential and will only be used to aid in identifying the correct individual.

**Instructions:** Complete a separate CFS-2191 form for each person subject to the negative action taken. Send the completed form to the appropriate address listed at the bottom of the form.

**Action Requested:**☐ **Add New Record**☐ **Modify Previously  
Created Record**☐ **Delete Previously Created Record**☐ Appeal Has Overturned Finding☐ Other: \_\_\_\_\_**I. Individual Against Whom the Negative Action Was Taken**

Name (Last, First, Middle)	Social Security Number	Birthdate (mm/dd/yyyy)
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**II. License / Certification Type (Check one)**☐ Day Care Certification☐ Adoption☐ Treatment Foster Home☐ School Age Certification☐ Foster Home**III. Negative Action Taken**

Check appropriate box below.

☐ Denial ☐ Revocation ☐ Non-Renewal

Reason Negative Action Taken

☐ Substantiated finding of child abuse or neglect☐ Criminal conviction

Date Negative Action Taken (mm/dd/yyyy)

If criminal conviction, cite statute indicating specific crime(s) from Offenses List (HFS 12-Appendix A). For example: 940.01.

**IV. Agency Taking the Negative Action**

Agency Type (Check one)

☐ Child Placing Agency (CPA)☐ County☐ Tribe

Name - CPA

Facility ID Number

Name - County / Tribe

County / Tribe Number

**V. Person Completing Form**

Name

Title

Telephone Number

E-mail Address

☐ Check if no E-mail address.\_\_\_\_\_  
**SIGNATURE** - Person Completing Form\_\_\_\_\_  
Date Signed

Immediately send completed form to appropriate state regulatory agency address below:

**Bureau of Programs and Policies**

DHFS / DCFS / BPP

P.O. Box 8916

Madison, WI 53708-8916

FAX (608) 264-6750

**Bureau of Regulation and Licensing**

DHFS / DCFS / BRL

P.O. Box 8916

Madison, WI 53708-8916

FAX (608) 267-7252

**Office of Child Care**

DWD / DWS / OCC

GEF 1, Room G100

P.O. Box 7972

Madison, WI 53707-7972

FAX (608) 261-6968